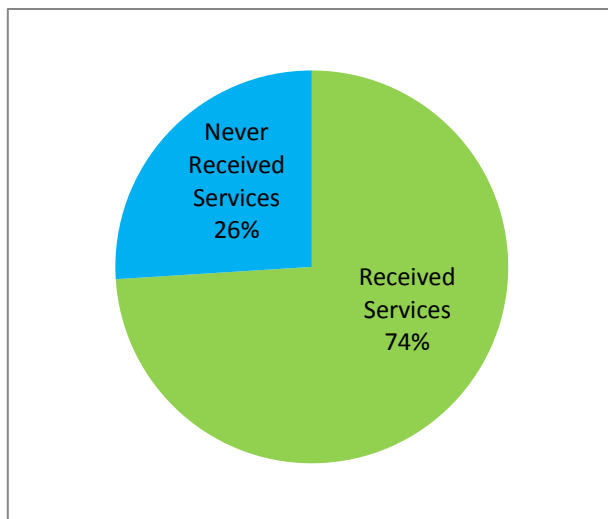


Clients who enroll in ASHLine quit tobacco services can be exited for a number of reasons. Primary reasons are: Completed Program, Quit No Longer Wants Service, Not Quit No Longer Wants Service, Unable to Reach, and Other. A vast majority of clients are exited due to “Unable to Reach”. With such a high volume of clients being exited under this reason, it is essential to learn more about who occupies this population .

“Unable to Reach” indicates that the coach was unable to make contact with the client after several attempts. There are, however, two distinct classifications of clients exited for this reason. The first is that the client was never reached after enrollment, and, subsequently, never received coaching services. The second occurs when a coach loses contact with his or her client after they have engaged in ASHLine behavioral support. The majority of clients exited for Unable to Reach are in this latter category (Figure 1).

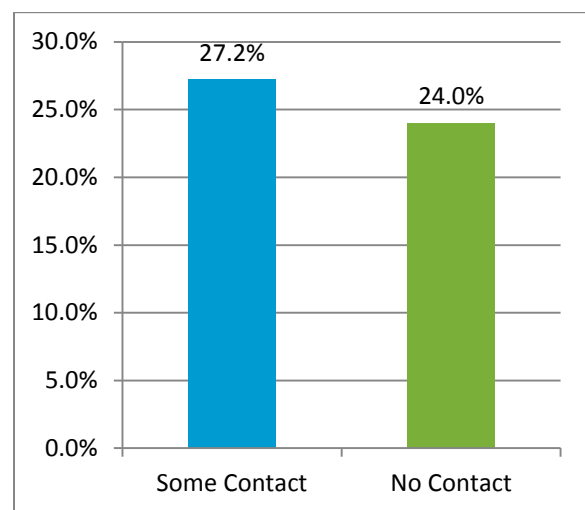
Figure 1. Exit Reasons by Services Received



For clients exited as “Unable to Reach” and who also received coaching, the number of sessions ranged from a low of 1 call to a high of 66 calls. Clients were reached on average of 3.3 times.

Clients who received some coaching but were exited as “Unable to Reach” had a quit rate of 27.2%. Clients for whom coaches were never able to establish contact have a quit rate of 24.0%. This difference suggests that these clients comprise two distinct populations of ASHLine enrollees and, accordingly, ASHLine should develop tailored processes to help prevent their untimely exit.

Figure 2. 7-Month Quit Rate by Unable to Reach.



One area of evaluation will focus on identifying what is driving this difference in quit rate. Since the group who received services had a higher quit rate than the group who never received coaching, it is possible that this difference can be attributed to ASHLine’s behavioral support services. ASHLine staff could, therefore, invest in strategies for encouraging clients to take a coaching call. It is also possible, however, that clients who receive coaching are demographically distinct than clients who do not take a coaching call and that these distinctions contribute to the observed difference in quit rate. In this case, ASHLine can use intake data to identify clients comprising a composite of high risk characteristics and use this difference to develop targeted treatment and internal processes.